Docket	No.:	

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and
joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on
the inventor applied.

the invention entitled: CARBON NANOTUBE STRUCTURES, CARBON NANOTUBE DEVICES USING THE AND METHOD FOR MANUFACTURING CARBON NANOTUBE STRUCTURES described and claimed in the specification: Check one attached hereto. filed on _ as Application Serial No. _ b. amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56. Under Title 35 U.S. Code § 119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed: Japanese Patent Application No. 2001-150904, filed on May 21, 2001

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771; Mario A. Costantino, Reg. No. 33,565; and Caroline D. Dennison, Reg. No.34,494.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Kazunaga		Horiuchi
Given Name	Middle Initial	Family Name
KAzun	ACTA	HORLUCHI
11	15	200/
Month	Day	Year
nigara-shi	Kanagawa	Japan
	tate of Province	Country
Japan		•
c/o Fuji Xerox Co.,	Ltd., 1600, Takema	itsu,
	Given Name APURA Month Month Sama Japan C/O Fuji Xerox Co.,	Month Day Migara-shi Kanagawa State of Province

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert the actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "×" HERE ☒

all the that the min and the first of the state of the st

PAGE 2 OF U.S.A. DECLARATION FORM

Typewritten Full Name of Second Joint invento	or:	Masaaki	•	Shimizu		
01 000000 10000		Given Name)	Middle Initial	Family Name		
**Inventor's Signature	:	ma	saak Simin	~		
**Date of Signature:			119/2001			
24.000	•		onth Day	Year		
Residence:	Nakai-macl	hi	Kanagawa .	Јарап		
	City		State of Province	Country		
Citizenship:	•	Japan				
Post Office Address:		c/o Fuji Xerox Co., Ltd., 430, Sakai, Nakai-machi,				
(Insert Complete mailing address, including country)		Ashigarakami-	gun, Kanagawa, Japan			
	·		•			
Typewritten Full Name			·	Yoshizawa		
of Third Joint inventor	7	Hisae Given Name	Middle Initial	Family Name		
***			Vice Produce	ranny Name		
**Inventor's Signature	֥		The Growing			
**Date of Signature:			onth Day	Year Year		
Residence:	Minamiash		Kanagawa	Japan		
Residence.	City		State of Province	Country		
Citizenship:	,	Japan		·		
Post Office Address:		c/o Fuii Xerox	Co., Ltd., 1600, Takemats	u.		
(Insert Complete mailing address, including country)			ra-shi, Kanagawa, Japan			
of Fourth Joint invento		Given Name	Middle Initial	Family Name		
**Inventor's Signature						
•	·•			······································		
**Date of Signature:	•		mth Day	Vear		
**Date of Signature:	•	Mc	onth Day	Year		
**Date of Signature:		Mo	onth Day State of Province	Year Country		
**Date of Signature: Residence:	City	Mc				
**Date of Signature: Residence: Citizenship: Post Office Address:		Mc				
**Date of Signature: Residence: Citizenship: Post Office Address:		Мс				
**Date of Signature: Residence: Citizenship: Post Office Address:		Mo				
**Date of Signature: Residence: Citizenship: Post Office Address: (Insert Complete malling address, including constry) Typewritten Pull Name	City		State of Province	Country		
**Date of Signature: Residence: Citizenship: Post Office Address: (Inser Complete mailing address, including country) Typewritten Pull Name of Fifth Joint inventor:	City	Given Name				
**Date of Signature: Residence: Citizenship: Post Office Address: (Inset Complete malling address, including constry) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature	City		State of Province	Country		
**Date of Signature: Residence: Citizenship: Post Office Address: (Inset Complete malling address, including constry) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature	City	Given Name	State of Province Middle Initial	Country Family Name		
**Date of Signature: Residence: Citizenship: Post Office Address: (Inset Complete malling address, including country) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature **Date of Signature:	City	Given Name	State of Province	Country		
**Date of Signature: Residence: Citizenship: Post Office Address: (Inset Complete malling address, including country) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature **Date of Signature:	City	Given Name	State of Province Middle Initial	Country Family Name Year		
**Date of Signature: Residence: Citizenship: Post Office Address: (Inset Complete mailing software, including country) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature: Residence:	City	Given Name	State of Province Middle Initial	Country Family Name		
**Date of Signature: Residence: Citizenship: Post Office Address: (Insert Complete mailing address, including country) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature: Residence: Citizenship:	City	Given Name	State of Province Middle Initial	Country Family Name Year		
**Date of Signature: Residence: Citizenship: Post Office Address: (Inset Complete mailing software, including country) Typewritten Pull Name of Fifth Joint inventor: **Inventor's Signature: Residence:	City	Given Name	State of Province Middle Initial	Country Family Name Year		

This form may be executed only when attached to the first page of the Declaration and Power of Attorney form of the application to which it pertains.

^{**}Note to Inventors: Please sign name exactly as it appears and insert the actual date of signing.